ADS CENTER
Resource Center to Address Discrimination and Stigma
BRIDGING THE GAP BETWEEN WHERE WE ARE AND WHERE WE NEED TO BE

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Mental Health News You Can Use...

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This is the ninth installment of the electronic update from SAMHSA's Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center), a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. We invite you to share this information with your friends and colleagues who share your interest in confronting stigma and discrimination associated with mental illness; and to post this information in your own newsletters or listservs.

The contents of this informational update do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

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August 2005 Spotlight

New ADS Center training teleconference "Overcoming Barriers and the Stigma Associated with Mental Illness in Asian American/Pacific Islander (AA/PI) Communities" on August 11, 2005.

Pervasive stigma related to mental illness within some Asian American and Pacific Islander (AA/PI) communities may have a negative impact on the family, including reduced social supports (e.g., fewer marriage opportunities) and diminished economic prospects. Stigma also prevents people in the community from discussing mental health concerns with friends or relatives and contributes to a reluctance to seek help for mental health problems. According to Mental Health: Culture, Race, and Ethnicity Supplement of Mental Health: A Report of the Surgeon General (2001), AA/PI communities have the lowest rates of utilization of mental health services among ethnic populations. For example, in one study, only 17 percent of those experiencing problems sought care.

Please join us on Thursday, August 11, 2005, for a presentation on the unique factors in AA/PI communities that may contribute to stigma associated with mental illness and on approaches and efforts to address stigma within AA/PI communities and toward AA/PI persons by mental health providers. The SAMHSA ADS Center encourages everyone to participate in this fourth training teleconference of 2005. For additional information and access to an archive of previous training teleconferences, please see the Trainings section of the SAMHSA ADS Center web site located at http://www.stopstigma.samhsa.gov/teleconferences.htm.

Featured Research Articles

Phillips, M.R., et al. (2002). "Stigma and expressed emotion: a study of people with Schizophrenia and their family members in China." *British Journal of Psychiatry, 181*: 488-493. *[Free Text Article]*

In this study of the effects of mental illness stigma on people with schizophrenia and their relatives in China, researchers posit a link between the level of expressed emotion within the family unit and the impact of stigma (actual or perceived) on individual family members, including the consumer. Open-ended survey questions administered to consumers and their family members throughout the course of an illness revealed that respondents answering with higher levels of expressed emotion (e.g. with signs of criticism, hostility, anxiousness, or emotional over-involvement with a consumer) were more likely to report a greater effect of stigma on their lives than those answering with lower levels of expressed emotion. Although the survey also uncovered correlations between reported stigma effects and other personal characteristics and history (e.g. gender, age, residence, level of education, duration of illness, etc.), level of expressed emotion remained the most compelling predictor of negative impact, leading the authors to suggest that anti-stigma campaigns and programs be reoriented to address stigma experiences at the individual and family levels.

Raguram, R., et al (1996). "Stigma, depression, and somatization in South India." *American Journal of Psychiatry, 153(8)*: 1043-1050. *[NLM/PubMed Abstract]*

In this article uniting studies of mental illness stigma and illness symptomatology, researchers deployed both quantitative and qualitative methods of inquiry to explore the links between reported stigma, depression, and "patterns of distress" among consumers of mental health services in Bangalore, India. Working from epidemiological documentation supporting the prevalence of expressing psychiatric illness in terms of physical symptoms, or somatization, among members of non-Western societies, the research apparatus tested the hypothesis that the stigma experience increases when psychological distress is expressed in terms of "depressive symptoms" (e.g. sadness) and is reduced when the same type of distress is expressed in terms of "somatoform symptoms" (e.g. headaches). Subsequent correlation of symptomatic and stigma experience survey data distinguished an analogous relationship between "depressive symptoms" and stigma and an inverse relationship between "somatoform symptoms" and stigma. Given these results, the authors conclude that although both symptom sets cause distress among this group of respondents, "depressive symptoms" are experienced as "socially disadvantageous," while "somatoform symptoms" are not.

Additional Research

Chung, K.F., & Chan, J.H. (2004). "Can a less pejorative Chinese translation for schizophrenia reduce stigma? A study of adolescents' attitudes toward people with schizophrenia." *Psychiatry and Clinical Neurosciences, 58*: 507-515. *[NLM/PubMed Abstract]*

Conrad, M.M., & Pacquiao, D.F. (2005). "Manifestation, Attribution, and Coping With Depression Among Asian Indians From the Perspectives of Health Care Practitioners." *Journal of Transcultural Nursing, 16(1)*: 32-40. *[NLM/PubMed Abstract]*

Desapria, E.B. & Nobutada, I. (2002). "Stigma of mental illness in Japan [Letter]." *Lancet 360 (9336)*: 879.

Hirosawa, M., et al. (2002). "Response of Japanese patients to the change of department name for the psychiatric outpatient clinic in a university hospital." *Annals of General Hospital Psychiatry, 24(4)*: 269-274. *[NLM/PubMed Abstract]*

Kurumatani, T., et al. (2004). "Teachers' knowledge, beliefs and attitudes concerning schizophrenia: A cross-cultural approach in Japan and Taiwan." *Social Psychiatry and Psychiatric Epidemiology, 39(5)*: 402-409. *[NLM/PubMed Abstract]*

Okazaki , S. (2000). "Treatment Delay Among Asian-American Patients with Severe Mental Illness." *American Journal of Orthopsychiatry, 70(1)*: 58-64. *[NLM/PubMed Abstract]*

Parker, G., Gladstone, G., & Chee, K.T. (2001). "Depression in the planet's largest ethnic group: The Chinese." *American Journal of Psychiatry, 158(6)*: 857-864. *[Free Text Article]*

Raguram, R. (2004). "Schizophrenia and the Cultural Epidemiology of Stigma in Bangalore, India." *Journal of Nervous and Mental Disease, 192(11)*: 734-744. *[NLM/PubMed Abstract]*

Tanaka, G., et al. (2004). "Evaluating stigma against mental disorder and related factors." *Psychiatry and Clinical Neuroscience, 58(5)*; 558-656. *[NLM/PubMed Abstract]*

Tsang, H.W., et al. (2003). Sources of burdens on families of individuals with mental illness." *International Journal of Rehabilitation Resources, 26(3)*: 123-130. *[NLM/PubMed Abstract]*

Models, Programs, and TA Tools

Chinese American Mental Health Outreach Program in New Jersey CAMHOP—NJ

by Maggie Luo

Recognizing the importance of addressing the mental health needs of the Chinese American community, two years ago, NAMI New Jersey launched CAMHOP—NJ. CAMHOP—NJ is a NAMI New Jersey initiative to help people of Chinese origin (including immigrants from mainland China, Hong Kong, Taiwan, and their descendents) gain better understanding about mental illness. CAMHOP means "Golden Crane" in Chinese. The crane is a symbol of health and longevity in Chinese culture.

CAMHOP-NJ has four major goals:

- Increase awareness among Chinese immigrants in New Jersey that mental illness can be treated, and that anyone can be affected by mental illness.
- Help Chinese immigrants to set up local self-help groups, and encourage Chinese individuals and families affected by mental illness to learn coping skills through sharing with people with similar experience.
- Provide referral service for Chinese speaking mental health providers to Chinese families and individuals who have limited English skills.
- Help mental health professionals in New Jersey to be aware and competent of Chinese culture vis-à-vis mental health issues and to understand the unique struggles of Chinese consumers and families in seeking services.

Program Highlights

Chinese Self-help Group

Launched in December 2003, this was the first self-help group in New Jersey for Chinese families and individuals coping with mental illness. This group meets once a month and is conducted in both Mandarin and Cantonese.

Mental Health Mailbox

In an effort to enhance awareness and knowledge of mental health and illness among Chinese immigrants, CAMHOP-NJ has initiated a bi-weekly “Mental Health Mailbox” column in the *Duowei Times*— the most popular, free Chinese newspaper in New Jersey. The column features an expert panel of 5 mental health professionals with experience working with Chinese immigrants, who answer questions about mental health/illness from readers.

For more information about CAMHOP contact NAMI NJ at 732-940-0991.

NAMI National provides the following materials in Mandarin:

- Ashley’s Story
- Healing
- Mental Illness and Family
- Moving Out of the Darkness
- A Mind and Body
- Recent FDA Medication Approvals
- Schizophrenia Study to Examine Effectiveness of Atypical Antipsychotic Medications

To access these materials visit us at www.nami.org/chinese.

In My Experience…

Chinese American Mental Health Outreach Program in New Jersey CAMHOP—NJ
by Maggie Luo

George Lin*, who worked as a bank accountant at the World Trade Center, had a day off when the terrorist attack happened on Sept. 11, 2001. The Lin family was thankful for George's survival in hindsight, but they soon discovered they were to face a challenge too huge for them to handle. George had a lot of stress from work since the terrorist attack, and finally got laid off in September 2003. He developed bipolar disorder as well as anxiety disorder within the past few years. His wife, Patty, saw the changes of behavior in her husband and immediately gave George herbal medicine in attempts to "strengthen his nerves." But some months later, she realized that George might need professional help. George did not wish to seek professional help.

Living in northern New Jersey, where very few mental health resources are available specifically for Chinese community, Patty did not know where to turn to, since she did not have good English skills. George and Patty are not alone, as much as they feel so, in coping with mental illness as Chinese immigrants with limited English skills. There are thousands of Chinese immigrants nationwide who do not have proper mental illness treatment and suffer in silence daily.

As of 2000, one in four Asian Americans and Pacific Islanders are of Chinese origin (U.S. Census Bureau, 2001). Recent reports indicate that the majority of Chinese Americans are foreign born (U.S. Census Bureau, 2000), and 40 percent of all Chinese American households are linguistically isolated, meaning that no adult speaks English "very well" (President's Advisory Commission on Asian Americans and Pacific Islanders, 2001).

With stressors common to immigrants from other Asian cultures, such as difficulties in cultural adjustment, loneliness, isolation due to poor English language skills, stress from job instability and immigration status (U.S. Department of Health and Human Services, 2001), Chinese Americans have a great need for mental health care (Moritsugu and Sue, 1983; Sue et al., 1995). Although there have been relatively few studies on the prevalence rates of mental illnesses among Chinese Americans (Kurasaki & Koike, 2002), researchers have started to build on knowledge of some selected psychiatric disorders among Chinese immigrants in the past two decades.

The Chinese American Psychiatric Epidemiological Study (CAPES) was a prominent investigation conducted in 1993 and 1994 in order to examine the prevalence rates of depression and dysthymia among over 1,700 Chinese Americans in Los Angeles County (Sue et al., 1995; Takeuchi et al., 1998). CAPES results indicated that Chinese American had moderate levels of depressive disorders, with about 7 percent of the respondents reporting experiencing depression in their lifetimes, and 3 percent having had depressive symptoms in the past year. This prevalence rate was very similar to that of the general population in the same area, although it was lower than the prevalence rate of a national sample of adults (U.S. Department of Health and Human Services, 2001).

Studies show that Chinese Americans are less willing to seek help from mental health professionals compared to other ethnic groups in the U.S.; arguably as a result of such Chinese cultural values as "self-reliance, reservation and non-expression" (Asian American Federation of New York, 2003) . Help-seeking behavior among Chinese Americans is strongly correlated with the patients' conceptualization of the problem (Cheung & Lau, 1982; Tracey et al., 1986; Ying, 1990). Patients who conceive their problems to be solely somatic in nature are more likely to seek medical services, but tend to delay mental health consultation. Patients who perceive their problems in purely psychological terms are less likely to seek either medical services or psychiatric consultation, but tend to use self-help measures or turn to their social network for help. Patients who perceive their problems in mixed terms tend to approach professional help early on and seek psychiatric consultation soonest.

* Fictional name

About the ADS Center

SAMHSA's Resource Center to Address Discrimination and Stigma (ADS Center) helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses. With the most up-to-date research and information, the Center helps individuals, organizations and governments counter such discrimination and stigma in the community, in the workplace, and in the media.